

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE**

ASTRAZENECA PHARMACEUTICALS LP,  
ASTRAZENECA UK LIMITED,  
IPR PHARMACEUTICALS, INC., and  
SHIONOGI SEIYAKU KABUSHIKI KAISHA,

Plaintiffs,

v.

MYLAN PHARMACEUTICALS INC.,

Defendant.

Civil Action No.: 07-805-JJF-LPS

**PROOF OF SERVICE OF COMPLAINT UPON DEFENDANT  
MYLAN PHARMACEUTICALS INC. PURSUANT TO 10 DEL. C. § 3104**

Plaintiffs AstraZeneca Pharmaceuticals LP, AstraZeneca UK Limited, IPR Pharmaceuticals, Inc., and Shionogi Seiyaku Kabushiki Kaisha (collectively referred to as “Plaintiffs”) hereby provide proof of service of the process and complaint upon Defendant Mylan Pharmaceuticals Inc. (“Defendant”) pursuant to 10 *Del. C.* § 3104 by filing the receipt for registered mail and return receipt. Attached as Exhibit A is the Affidavit of Kristen Healey Cramer, Esq., stating that the non-resident Defendant was served with the notice required by and pursuant to 10 *Del. C.* § 3104, and that the return receipt was received. The receipt for registered mail and the return receipt are attached as Exhibit 1 to the Affidavit.

Respectfully submitted,  
**CONNOLLY BOVE LODGE & HUTZ LLP**

/s/ Kristen Healey Cramer

**Kristen Healey Cramer (#4512)**  
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*Attorneys for Plaintiffs,*  
*AstraZeneca Pharmaceuticals LP, AstraZeneca UK*  
*Limited, IPR Pharmaceuticals, Inc., and Shionogi*  
*Seiyaku Kabushiki Kaisha.*

Dated: January 16, 2008

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ASTRAZENECA PHARMACEUTICALS LP,  
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MYLAN PHARMACEUTICALS INC.,

Defendant.

Civil Action No.: 07-805-JJF-LPS

**CORRECTED AFFIDAVIT OF KRISTEN HEALEY CRAMER, ESQ.**

I, Kristen Healey Cramer, being duly sworn according to law do depose and say:

1. I am an attorney for Plaintiffs AstraZeneca Pharmaceuticals LP, AstraZeneca UK Limited, IPR Pharmaceuticals, Inc., and Shionogi Seiyaku Kabushiki Kaisha.

2. To the best of my knowledge, Mylan Pharmaceuticals Inc. ("Defendant") has an address of 781 Chestnut Ridge Road, Morgantown, WV 26505.

3. On December 11, 2007, Bryan Steilkie, of Parcels, Inc. served the summons and complaint upon Defendant by serving the Delaware Secretary of State.

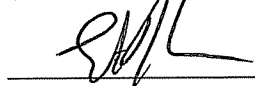
4. On December 20, 2007, I mailed, by registered mail, return receipt requested, the summons and complaint with the notice required by 10 Del. C. § 3104 to Defendant in care of Corporation Service Company, 209 West Washington Street, Charleston, WV 26505.

5. On January 14, 2008, I received the return receipt from the United States Post Office.

6. I have attached hereto as Exhibit 1 the return receipt (i.e., the green card) indicating Defendant's receipt of the summons and complaint.

  
Kristen Healey Cramer (#4512)

SWORN TO AND SUBSCRIBED before me, a Notary Public, this 16<sup>th</sup> day of January, 2008.

  
\_\_\_\_\_  
Notary Public

CHARLES A. KUHN  
NOTARY PUBLIC  
STATE OF DELAWARE  
My Commission Expires Aug. 1, 2008

586257

# EXHIBIT 1

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.  <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p>	<p> A. Signature  X <u>Amber Morrison</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee  B. Received by (Printed Name) <u>Amber Morrison</u> C. Date of Delivery <u>01/09/08</u> </p>
<p> 1. Article Addressed to:  Mylan Pharmaceuticals, Inc.  c/o Corporation Service Company  209 West Washington Street  Charleston, WV 26505 </p>	<p> D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes  If YES, enter delivery address below: <u>25302</u> <input type="checkbox"/> No  3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.  4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes </p>
<p> 2. Article Number  (Transfer from service label) <u>RB 972 229 720 US</u> </p>	
<p> PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 </p>	